

CITY OF GROVELAND UTILITY DEPARTMENT

EMAIL BILL CONSENT FORM

156 S LAKE AVE GROVELAND FL 34736

352-429-2141 EXT.233

PLEASE PRINT LEDGIBLY

Utilities Account Number _ _ _ _ - _ _ / _ _ _ _ - _ _

Name _ _ _ _ _ Phone # _ _ _ _ _

Service Address _ _ _ _ _

Mailing Address _ _ _ _ _

Please print Email address _ _ _ _ _

I fully understand that it is my (utility account holders) responsible to notify the City of Groveland utility department of any changes to my email address.

I fully understand that it is my (utility account holders) responsible to contact the City of Groveland utility company if I have not received my billing email prior to the first of the month.

I fully understand that the utility bill can only be emailed to one email address.

This agreement is to remain in effect until CITY OF GROVELAND UTILITY DEPARTMENT has received written notification of termination of agreement 30 days in advance.

I have fully read and understand the above statements and I agree to the terms above.

Signature _ _ _ _ _ Date _ _ _ _ _

F.S. 119.011 and 119.07 which states "Emails sent to the City of Groveland are subject to public-records requests".